

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5187</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Kyle</u> <u>M</u> <u>Evenson</u> P.O. Box, Bldg., Room No., if any Street <u>2667 N Acapulco Rd.</u> City <u>Benson</u> State <u>Arizona</u> ZIP Code + 4 <u>85602</u>	4. Name, file number, and address of labor organization. Name <u>Int'l. Broh. of Boilermakers</u> Labor Organization File Number <u>000-074</u> P.O. Box, Building and Room Number, if any Street <u>753 State Ave</u> City <u>Kansas City</u> State <u>Kansas</u> ZIP Code + 4 <u>66101</u>
5. Position in labor organization. <u>International Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Babcock & Wilcox Const. Co.</u> Trade Name, if any: <u>B & W</u> P.O. Box, Bldg., Room No., if any Street <u>90 E. Tuscarawas Ave</u> City <u>Barberton</u> State <u>OHIO</u> ZIP Code + 4 <u>44203</u>	7.a. Nature of Interest, Transaction, or Income. <u>Dinner for Western States Business managers and Int'l Staff</u> <u>Myrtle Beach SC</u> <u>Tripentite Conference</u> 7.b. Amount. <u>\$50.00 10-6-04</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Kyle M Evenson</u>	On <u>7-29-05</u> Date	<u>520 586 9202</u> Telephone Number

Name of Person Filing

KYLE M EVENSON

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Boilermakers
Western States Joint Apprenticeship CommitteeTrade Name, if any: WSJACP.O. Box, Bldg., Room No., if any P.O. Box 1460Street 119 West MainCity East HelenaState MONTANA ZIP Code + 4 59635

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Boilermakers
Western States Joint Apprenticeship CommitteeTrade Name, if any: WSJACP.O. Box, Bldg., Room No., if any P.O. Box 1460Street 119 West MainCity East HelenaState MONTANA ZIP Code + 4 59635

11.a. Nature of such dealing.

July 15, 2004 WSJAC Apprenticeship
Competition Awards Banquet
Spokane, WA.

11.b. Approximate dollar value of such dealing.

\$4800

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Kyle M Evenson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Boilermakers
Southeast Area Joint Apprenticeship Committee

Trade Name, if any: SAJAC

P.O. Box, Bldg., Room No., if any

Street 3715 UPPER CREEK DR.

City TRUSKIN

State FLORIDA ZIP Code + 4 33573-6840

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Boilermakers
Southeast Area Joint Apprenticeship Committee

Trade Name, if any: SAJAC

P.O. Box, Bldg., Room No., if any

Street 3715 UPPER CREEK DR.

City TRUSKIN

State FLORIDA ZIP Code + 4 33573-6840

11.a. Nature of such dealing.

August 12, 2004 SAJAC
Apprenticeship Competition
Reception / Awards Banquet
Birmingham, AL.

11.b. Approximate dollar value of such dealing.

\$ 80.35

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Kyle M Evenson

File Number U-

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8. Name and address of Business (including trade name, if any).

Boilermakers

Name Western States Joint Apprenticeship Committee

Trade Name, if any:

WSJAC

P.O. Box, Bldg., Room No., if any

P.O. Box 1460

Street 119 West Main

City East Helena

State MONTANA

ZIP Code + 4 59635

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Boilermakers

Name Western States Joint Apprenticeship Committee

Trade Name, if any:

WSJAC

P.O. Box, Bldg., Room No., if any

P.O. Box 1460

Street 119 West Main

City East Helena

State MONTANA

ZIP Code + 4 59635

11.a. Nature of such dealing.

December 15, 2005 WSJAC
Fall Board of Trustee meeting
Dinner
Phoenix, AZ

11.b. Approximate dollar value of such dealing.

\$4800

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Kyle M Euzenson

File Number U-

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8. Name and address of Business (including trade name, if any).

Name Boilermakers
Western States Joint Apprenticeship Committee

Trade Name, if any:

WSJAC

P.O. Box, Bldg., Room No., if any

P.O. Box 1460Street 119 West MainCity East HelenaState MONTANAZIP Code + 4 59635

9. Business deals with:

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a. Labor Organization

☒

b. Trust

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c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Boilermakers
Western States Joint Apprenticeship Committee

Trade Name, if any:

WSJAC

P.O. Box, Bldg., Room No., if any

P.O. Box 1460Street 119 West MainCity East HelenaState MONTANAZIP Code + 4 59635

11.a. Nature of such dealing.

December 15, 2005 WSJAC
Full Board of Trustee meeting
Breakfast
Phoenix AZ

11.b. Approximate dollar value of such dealing.

\$30.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.